

# California Application to Participate in the e-file Program

FORM

**8633**

<b>1</b>	Please print or type. This application is (check one): <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Reinstatement <input type="checkbox"/> On-line Filing Service Provider			
	<b>a</b> Federal Employer Identification Number  FEIN # _____	<b>b</b> IRS Electronic Filer Identification Number  EFIN # _____	<b>c</b> IRS Electronic Transmitter Identification Number  ETIN # _____	<b>d</b> Service Bureau Identification Number (if applicable)  SBIN # _____
	<b>e</b> Legal name of firm as shown on tax return  _____			
	<b>f</b> Doing Business As (DBA) Name (if other than the legal name in item 1e)  _____			
	<b>g</b> Permanent mailing address (include street or PO Box, City, State, Zip Code)  _____			
	<b>h</b> Business address (if different from the physical location, include Street, City, State, Zip Code)  _____			
	<b>i</b> Check the box that describes your firm and complete Side 2, if applicable. See instructions. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership – Number of partners _____ <input type="checkbox"/> Corporation – Corp # _____ <input type="checkbox"/> Other (Specify) _____			
	<b>j</b> As owner and/or controller of the business, please check the appropriate box and enter the corresponding number if applicable. <input type="checkbox"/> CPA # _____ <input type="checkbox"/> Enrolled Agent # _____ <input type="checkbox"/> Attorney <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Registered Tax Preparer: CTEC # _____ and the Name of the Surety Bonding Company _____			
	<b>k</b> <input type="checkbox"/> Check this box if you will be providing electronic filing and/or tax preparation as a service <b>not for profit</b> and not to attract customers who will pay for tax preparation or transmission services. <i>Eligible entities include employers offering electronic filing free of charge as a benefit to their employees, government agencies, VITA/TCE sites, etc.</i>			
	<b>l</b> Name of contact representative (first, middle, last) _____  Business telephone number ( _____ ) _____ Ext. _____ FAX ( _____ ) _____ Internet email address _____ @ _____	<b>m</b> Name of alternate contact representative (first, middle, last) _____  Business telephone number ( _____ ) _____ Ext. _____ FAX ( _____ ) _____ Internet email address _____ @ _____		

**2** If you are owned or controlled by another electronic filer, provide the name and EFIN of the electronic filer.  
 Name \_\_\_\_\_ EFIN \_\_\_\_\_

**3** Please answer the following questions by checking the appropriate box:

- |  |  |
|--|--|
| a) Will you transmit tax return data directly to the FTB? ( <b>Transmitter</b> )   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ( <b>NOTE:</b> An Electronic Return Originator (ERO) who transmits through a third party is not categorized as a transmitter and should answer "NO" to Question 3a.) |  |
| b) Will you write electronic filing software? ( <b>Software Developer</b> )  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes," provide the Internet Website address for locating software: _____  |  |
| c) Will the electronic submission of tax returns to the FTB originate with your firm? ( <b>Electronic Return Originator</b> )  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**4** Has the firm or any corporate officer, partner, owner or responsible official:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Been assessed any California preparer penalties?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Been convicted of a crime?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Failed to file California personal or business tax returns, or pay liabilities?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Been convicted of any criminal offense under the U.S. Internal Revenue or California Revenue and Taxation Codes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer is yes to any of the above inquiries, attach a written explanation describing all pertinent facts.

**5 Firm's Organization Structure**

If you are NOT a government agency, VITA/TCE site, or providing electronic filing free of charge, you MUST complete this section as specified in the instructions on Side 4. If additional space is required, attach a separate sheet.

Name	Title	Home Address	Social Security Number

**Responsible Official/Application Agreement**

The responsible official is the individual with responsibility for and authority over the operations at designated sites. The responsible official is the first point of contact with the Franchise Tax Board, has the authority to sign revised applications, and is responsible for ensuring that all requirements of our e-file program are adhered to. The responsible official may be responsible for more than one office.

Under penalties of perjury, I declare that I have examined this application and any accompanying information, and to the best of my knowledge and belief it is true, correct, and complete. This firm and its employees will comply with all the provisions of FTB Pub. 1345, e-file Handbook for Electronic Return Originators of California Individual Income Tax Returns, and related publications, including fraud prevention and detection guidelines for each year of participation. I understand that if this firm is sold or its organizational structure is changed, acceptance for participation is not transferable and a new application must be filed. I agree to retain form FTB 8453, California Individual Income Tax Declaration for e-file, signed by the taxpayer in the form prescribed by the Franchise Tax Board. I further understand that noncompliance will result in the firm or individual no longer being allowed to participate in the program. I am authorized to make and sign this statement on behalf of the firm.

**6** Name and title of the firm's official and/or principal owner (type or print)

**7** Signature of the firm's official and/or principal owner

**8** Date

# Instructions for Form FTB 8633

## California Application to Participate in the e-file Program

### What's New

FTB will offer an exciting new e-file Program feature to help taxpayers find e-file providers near them. In the near future we will offer an Electronic Return Originator Locator Service on our website. The ERO Locator Service includes contact information such as business name, address, and telephone number for all EROs in good standing in FTB's e-file Program. We expect to be operational in February 2001. If you do not want to be listed as a participant in this service, please write or e-mail us at the address shown in Section A or Section B.

### General Information

#### Purpose

Use this form to apply to participate in California's e-file program (including on-line filing).

#### Program Requirements

To participate in the program, you must:

- Currently be accepted into the IRS e-file Program as an electronic return originator (ERO) and provide your IRS Electronic Filer Identification Number (EFIN). Service bureaus must provide a Service Bureau Identification Number (SBIN) and transmitters must provide an Electronic Transmitter Identification Number (ETIN).  
**Note:** If you are in the process of applying for IRS e-file and have not received your identification number, you may file this application now and notify us of your IRS identification number upon receipt. To notify us, see Contact Information below.
- Agree to comply with the requirements and specifications in FTB Pub. 1345, e-file Handbook for Electronic Return Originators of California Individual Income Tax Returns. When you are accepted into the program, FTB will mail you FTB Pub. 1345.
- Pass a suitability test (except for software developers and VITA/TCE sites) that ensures that all business entities are valid and licensed, all personal and business returns are timely filed, and all liabilities are current.
- Successfully complete an acceptance test of your software **only** if you will be developing software or directly transmitting returns to FTB.

#### A When and Where to File

e-file applications are accepted year-round. Send the completed application to:

e-file PROGRAM  
FRANCHISE TAX BOARD  
PO BOX 1468 MS A-1  
SACRAMENTO CA 95812-1468

Send courier, freight or UPS deliveries to:

e-file PROGRAM  
FRANCHISE TAX BOARD  
SACRAMENTO CA 95827

### B Contact Information

If you have any questions, call the e-file Help Desk, Monday through Friday, between 8 a.m. and 5 p.m., Pacific Standard Time.

Phone: (916) 845-0353  
FAX: (916) 845-0287  
EMAIL: e-file@ftb.ca.gov  
Web address: [www.ftb.ca.gov](http://www.ftb.ca.gov)

### Specific Instructions

To expedite processing, be sure to file a complete application. FTB will return incomplete or improperly signed applications. Before mailing this application, make sure entries have been made for:

- Line 1j, CTEC Number and Surety Bonding Company, if you are not an enrolled agent, CPA, attorney or bank official;
- Line 5, Firm's Organizational Structure; and
- Line 7, Signature.

**Line 1a** – If your firm is a partnership or corporation, enter the firm's Federal Employer Identification Number (FEIN).

#### Line 1b – EFIN

Applicant must be a participant in the IRS e-file Program. California uses the Electronic Filer Identification Number (EFIN) assigned to you by the IRS. The EFIN must be included on the application. If you have multiple EFINs for IRS purposes, enter the EFIN you will use for California electronic filing.

#### Line 1c – ETIN

California uses the Electronic Transmitter Identification Number (ETIN) assigned to you by the IRS. If you are planning to develop electronic filing software or transmit directly to FTB, the ETIN must be included on the application. If you have multiple ETINs for IRS purposes, enter the ETIN you will use for California electronic filing.

#### Line 1d – SBIN

California uses the Service Bureau Identification Number (SBIN) assigned to you by the IRS. If you are a Service Bureau, enter your SBIN.

**Line 1e** – If your firm is a sole proprietorship, enter the name of the sole proprietor. If your firm is a partnership or corporation, enter the name shown on the entity's tax return.

**Line 1f** – If, for the purpose of electronic filing, you or your firm are using a name other than the name on line 1e, enter that name on this line.

**Line 1i** – Check the box that indicates your firm’s organizational structure and complete Side 2 if applicable. If a partnership, enter the number of partners; if a corporation, enter the corporation number; if other, please specify (e.g., associations, credit unions, employers/organizations offering service as a benefit to its employees or members, government agencies, Volunteer Income Tax Assistance (VITA)/Tax Counseling for the Elderly (TCE) sites).

**Line 1j** – Check the appropriate box and enter the corresponding number if applicable. If you are not a CPA, EA or an attorney, include your CTEC number and the name of the surety bonding company. FTB will not delay processing of your application if your bond is in a pending status. However, please notify FTB with the required bond information upon receipt.

**Line 1k** – Check this box **ONLY** if you are providing electronic filing and/or tax preparation as a service **not for profit** and not to attract customers who will pay for tax preparation or transmission services. Generally few applicants meet the criteria for checking this box. Eligible entities include employers offering electronic filing as a benefit to their employees, government agencies, VITA/TCE sites, etc.

**Lines 1l and 1m** – Enter information as required. FTB uses this information when questions arise during testing or during the processing year.

**Line 5 – Firm’s Organizational Structure**

Complete this section if you did not check the box on line 1k, Side 1. If you are not a government agency, VITA/TCE site or providing e-filing free of charge, you **MUST** complete this section. If you are a **SOLE PROPRIETOR**, list your name, home address, and social security number. If your firm is a **PARTNERSHIP**, list the name, home address, and social security number of each partner who has five percent (5%) or more interest in the partnership. If your firm is a **CORPORATION**, list the name title, address, and social security number of the president, vice-president, secretary, and treasurer of the corporation. If you are a for-profit entity and have checked “Other” or you are a partnership and no partners have at least 5% interest in the partnership, list the name, title, home address and social security number of at least one individual authorized to act for the firm in legal and/or tax matters. (If additional space is required, attach a separate sheet.)

**Lines 6 and 7** – The person authorized to act and sign for the firm in legal and/or tax matters should complete these lines. **You must provide a live signature.**

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**Taxpayer Signature Document – FTB 8453**

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The preparer or electronic return originator is required by law to **retain** form FTB 8453, California Individual Income Tax Declaration for e-file, in the form and manner prescribed by FTB.

**DO NOT MAIL FORM FTB 8453 TO FTB.**

**EXCEPTION: VITA/TCE SITES**

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**Fraud Prevention and Detection**

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You can play an important role in assuring the integrity of e-filed returns. You can assist us in fraud prevention and detection by following the guidelines listed in FTB Pub. 1345.